

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
 34 County Polk Registration District No. 318
 3 Township Springfield Primary Registration District No. 2001
 5 City Springfield (No. Springfield Hospital) St. Mo. Ward 42

2. FULL NAME Benjamin Franklin Johnson
 (a) Residence, No. Buffalo, Mo. St. Mo. Ward 42
 (Usual place of abode)
 Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Miley Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/16/1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 0 24 135

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. doctor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 135

10. Date deceased last worked at this occupation (month and year) 132 11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo, Mo.

13. NAME William Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo, Mo.

15. MAIDEN NAME Laura M. McKenney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) J. R. Johnson

18. BURIAL, CREMATION, OR REMOVAL PLACE Buffalo, Mo. DATE Jan-17-1932

19. UNDERTAKER (ADDRESS) H. E. Zerkow

20. FILED 1-15-1932 John Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932, to Jan 15, 1932.
 I last saw him alive on Jan 15, 1932. Death is said to have occurred on the date stated above, at 1230 p.m.
 The principal cause of death and related causes of importance were as follows:
Acute uremia Date of onset Jan 10-32
resulting from
prerenal hypertrophy
superficial
 Name of operation none Date of 1-10-32
 What test confirmed diagnosis? urinalysis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury 19
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) John Sharp, M. D.
 (Address) 141 N. Main St., Springfield, Mo.

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Jan 5 1950